

Health Psychology and weight loss maintenance: Current issues

Dominika Kwasnicka
co-Editor
Kyra Hamilton
co-Editor

"Insanity: doing the same thing over and over again and expecting different results"
(Albert Einstein)

papers: (1) suitability of weight loss treatment, (2) intervention timing and components, and (3) recipient's motivation. In a final paper, suggestions for future research and solutions for supporting people to maintain weight loss are provided.

Can such a simple statement provide insight into the processes of weight loss maintenance? Perhaps yes, perhaps no; but often it is the case that individuals experience weight loss only to regain the weight as a result of reverting back to previous unhealthy habits. To start to lose weight, individuals often introduce lifestyle choices that involve certain behavioural and psychological changes. Although they may succeed in achieving initial weight loss, the weight loss is often not maintained. The discipline of health psychology can provide new insights into the area of weight loss maintenance and knowledge to help support individuals who return to their default option -overeating, not exercising, feeling down about their weight, and 'doing the same thing over and over again' -which, in many cases, results in weight regain.

This Special Issue is timely given some of the challenges in the area of weight loss maintenance. Behavioural and surgical interventions are current options offered to people who want to lose weight. However, such interventions often do not provide sustainable effects. Moreover, the long term effects of these interventions are unclear. The articles in this Special Issue showcase a range of research and practitioner-oriented articles that explore current thinking in the area of weight loss maintenance. In the next section, we identify three key themes or issues that highlight the current collection of

Highlights of the Special Issue

First, a key theme is the issue of suitability of treatment especially in regard to appropriate communication methods for the effectiveness of weight loss interventions; a timely and important topic in this context arising from the contribution of Chater (2016). The theme outlines the importance of language and emotion in weight loss maintenance. Chater provides a personal account from a practitioner-oriented perspective working within a Specialist Obesity Service in the United Kingdom. She describes the disconnectedness among healthcare professionals who surround 'patients' before and after bariatric surgery. Although these professionals are working toward supporting and empowering clients, poor communication skills that focus on the traditional biomedical model of health care, lack of programme cohesiveness, and limited recognition of client emotions are believed to result in less desirable treatment outcomes. Chater advocates for helping clients to develop a level of intrinsic motivation (similar to Santos, Silva & Teixeira, 2016, in this issue), to focus on the language that is used by healthcare professionals when consulting with such clients, and to emphasize the positive emotions that follow successful weight loss. Chater uses the 'GROW' model (i.e., goal, reality, options, will/way

forward), and integrates appropriate Behaviour Change Techniques within the consultation process to support long term weight loss maintenance. She emphasizes the power of positive psychology, highlighting that goals are more achievable when people are experiencing positive affect, and that providing individual choice and understanding individuals' perspective is crucial in optimizing behavioural change.

The second theme reflects the thoughts presented by McDonald, Bergh, and Sniehotta (2016) who present an account of opportunities and challenges regarding when one should intervene and how one should intervene following bariatric surgery. The authors highlight the peak in weight loss during the first couple of years post surgery, which is driven by physiological mechanisms. At this stage, psychological and behavioural factors may be less important. Behavioural interventions promoting healthy lifestyle practices are considered less 'invasive' yet to date are shown to be not as effective as bariatric surgery in terms of immediate weight loss outcomes. The authors suggest that a key challenge to the effectiveness of behavioural interventions in this context is to identify the 'critical window' of when to apply behavioural interventions and what to include in them.

A third theme, which is also emphasized in the articles by Chater (2016) and McDonald, Bergh, and Sniehotta (2016) is the need for developing individualized behavioural approaches most suitable to individual needs. Weight loss maintenance requires motivation, autonomy and choice from the individual who is aiming to the lose weight and maintain the weight loss. Santos, Silva, and Teixeira (2016) describe a self-determination theory perspective on weight loss maintenance. They argue that the difference between motivation for initiation and maintenance of weight loss lies in the level of self-determination experienced by the individual, which is often developed after initiating the new behaviour. The

authors suggest that in order to maintain behaviour, the person needs to internalize and integrate new values and skills. They provide an illustration of the critical processes associated with successful internalization, separating processes that increase likelihood of maintaining weight loss ('I want to' motivation) and processes that reduce likelihood of maintaining weight loss ('I have to' motivation). They also argue that successful maintenance is underpinned by intrinsic goals and autonomous regulation, whereas unsuccessful maintenance is underpinned by extrinsic goals and controlled regulations.

In a final theme, Kwasnicka and Dombrowski (2016) present potential solutions to the challenges associated with weight loss maintenance and discuss novel approaches and technology used to change weight-related behaviour. In a modern world, the use of technology to intervene to help individuals lose and maintain weight loss cannot be ignored. Kwasnicka and Dombrowski provide a narrative review of technology-based applications such as web programs, text messaging, mobile phone applications, social media, online devices and sensors used to battle the current obesity crisis and support people to maintain weight loss. Although the evidence for weight loss maintenance achieved through various technologies is still limited, the authors highlight the potential to prevent weight regain applying such technologies as well as the need for individualized approaches.

Conclusion

Taken together, the current collection of papers in this themed issue provide an illustration of important lines of research and insights on the psychology of weight loss maintenance, highlighting the role of treatment suitability, intervention timing and components, individual motivation, and novel technologies. Future research needs to identify the content, duration,

intensity, and most suitable delivery mode for weight loss maintenance interventions taking into account personalization and making use of technology.



Dominika Kwasnicka
Curtin University and School of
Human Health and Social
Sciences, Central Queensland
University, Australia
dominika.kwasnicka@curtin.edu.au



Kyra Hamilton
Griffith University and Menzies
Health Institute Queensland
kyra.hamilton@griffith.edu.au